

CLAIMS ONLY							Application Number <u>09/765,061</u>	Filing Date	
							Applicant(s)		
							* May be used for additional claims or amendments		
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	1								
2		1							
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14	1								
15		1							
16									
17	1								
18		1							
19									
20		1							
21	1								
22									
23		1							
24									
25	1								
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44									
45									
46									
47									
48									
49									
50									
Total Indep	15								
Total Depend	12								
Total Claims	27								